ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address)			FOR COURT USE ONLY
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TELEPHONE NO.:	FAX NO. (optional):		
ATTORNEY FOR (Name):	CODNIA COUNTY OF		-
SUPERIOR COURT OF CALIF STREET ADDRESS:	ORNIA, COUNTY OF		
MAILING ADDRESS:			
CITY AND ZIP CODE:  BRANCH NAME:			
PETITIONER/PLAINTIFF:			-
RESPONDENT/DEFENDANT:			
OTHER.			
OTHER:			
			CASE NUMBER:
FINDINGS AND ORDER AFTER HEARING			
1. This proceeding was heard			_
on <i>(date):</i> by Judge <i>(name):</i>	at (time):	in Dept.: ] Temporary Judge	Room:
by dudge (name).		-	
Petitioner/plaintiff present		Attorney present (na	
Respondent/defendant pre Other present	sent	Attorney present (na Attorney present (na	•
On the order to show cause or m	otion filed <i>(date)</i> :	by (name):	
2. THE COURT ORDERS			
3. Custody and visitation:	As attached on form FI	341	Not applicable
4. Child support:	As attached on form FI	342	Not applicable
5. Spousal or family support:	As attached on form FL-343		Not applicable
6. Property orders:			Not applicable
7. Other orders:			Not applicable  Not applicable
7. Other orders.	As attached		пот аррпсавте
8. Attorney fees (specify amo	ount): \$		
Payable forthwith	other (specify):		
9. All other issues are reserved until further order of court.			
		<b>L</b>	
Date:			JUDICIAL OFFICER
Approved as conforming to court order.			SOCIAL OFFICER
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<b>)</b>			
SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT / DEFENDANT			
SOUND TO STATE OF THE PROPERTY OF THE STATE			